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## CALIFORNIA LIQUID WASTE HAULER RECORD

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STATE WATER RESOURCES CONTROL BOARD

SFUND RECORDS CTR STATE DEPARTMENT OF HEALTH 999000653 PRODUCER OF WASTE (Must be filled by producer) HAULER OF WASTE (Must be filled by hauler) ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392 P.O. or Contract No.:\_ State Liquid Waste Hauler's Registration No. (if applicable): \_No. of Loads or Trips:\_\_\_\_\_Unit No. Type of Process which Produced Wastes: Nacuum truck barrels, flatbed, other\_\_\_ (Examples: metal plating, equipment cleaning, oil drilling -Vehicle: wastewater treatment, pickling bath, petroleum refining) The described waste was hauled by me to the disposal DESCRIPTION OF WASTE (Must be filled by producer) facility named below and was accepted. Check type of wastes: I certify (or declare) under penalty of perjury that the foregoing is true and correct. 1. Acid solution 6. Tetraethyl lead sludge 11. Contaminated soil and sand NATURE OF AUTHORIZED AGENT 2. Alkaline solution 7. Chemical toilet wastes 12. Cannery waste DISPOSER OF WASTE (Must be filled by disposer) 13. Latex waste 3. Pesticides 8. Tank bottom sediment 9. 🗆 Oil 4. Paint sludge 14. Mud and water Name (print or type):, 10. Drilling mud 15. Brine 5. Solvent Site Address: The hauler above delivered the described waste to this disposal facility and it was an acceptable Other (Specify)\_ material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions. (Examples: Hydrochloric acid, lime, caustic soda, Concentration: phenolics, solvents (list), metals (list), Upper Lower ppm Quantity measured at site (if applicable): \_\_\_\_\_\_ State fee (if any):\_\_\_\_\_ organics (list), cvanide) Handling Method(s): recovery treatment (specify): [EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION] disposal (specify): Dond D spreading Mandfill Dinjection well other (specify): \_ If waste is held for disposal elsewhere specify final location: Disposal Date:\_ Hazardous Properties of Waste: I certify (or declare) under penalty of perjury that the foregoing is true and correct. 10xic ☐ fiammable Corrosive axplosive OF AUTHORIZED AGENT AND TITLE barrels other [SPECIFY] ☐ tons Bulk Volume: (42 gal.) The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. ☐ drums ☐ cartons Containers: NUMBER Viiquid ☐ solid **⊠** sludge other\_ Physical State: Special Handling Instructions (if any): \_ The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable). FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING I certify (or declare) under penalty of perjury :-HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300. that the foregoing is true and correct. D.O.T. Proper Shipping Name